

NATIONAL STAGE PROCESSING BRANCH  
DO/EO FEE SHEET

09/763687

109/763687

SERIAL NUMBER :

DATE FORWARDED TO FINANACE BRANCH :

4/18/01

CHECKS ONLY

CHECKS AND CHARGES ENCLOSED

CHARGES ONLY ENCLOSED

REFUND APPROVAL NEEDED

CORRECTIONS :

CHECK

CHARGE

CHECK & CHARGE

FROM : DO/EO NATIONAL STAGE PROCESSING BRANCH

ATTN:

Karen Williams  
National Stage Processing  
(703) 305-3603

*(Name and phone number of person forwarding file to Finance)*

PLEASE KEEP THIS SHEET ATTACHED TO THE FILE, AND  
RETURN TO DO/EO AFTER APPROPRIATE ACTION HAS BEEN TAKEN.

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2000

Application or Docket Number

09/763867

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

<b>TOTAL CLAIMS</b>		
<b>FOR</b>	<b>NUMBER FILED</b>	<b>NUMBER EXTRA</b>
<b>TOTAL CHARGEABLE CLAIMS</b>	<i>5</i> minus 20 =	
<b>INDEPENDENT CLAIMS</b>	<i>2</i> minus 3 =	
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

**SMALL ENTITY  
TYPE**

**OTHER THAN  
SMALL ENTITY**

<b>RATE</b>	<b>FEES</b>	<b>RATE</b>	<b>FEES</b>
<b>BASIC FEE</b>	<b>500</b>	<b>OR BASIC FEE</b>	
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL</b>	<b>500</b>	<b>OR TOTAL</b>	

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

<b>AMENDMENT A</b>	<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>
	Total	<i>20</i>	Minus	<i>20</i>
Independent	<i>3</i>	Minus	<i>3</i>	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				

**SMALL ENTITY** OR **OTHER THAN  
SMALL ENTITY**

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>TOTAL ADDT. FEE</b>	

**BEST AVAILABLE COPY**

(Column 1)

(Column 2)

(Column 3)

<b>AMENDMENT B</b>	<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>
	Total	<i>20</i>	Minus	<i>20</i>
Independent	<i>3</i>	Minus	<i>3</i>	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				

**ADDI-  
TIONAL  
FEE**

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>TOTAL ADDT. FEE</b>	

(Column 1)

(Column 2)

(Column 3)

<b>AMENDMENT C</b>	<b>CLAIMS REMAINING AFTER AMENDMENT</b>		<b>HIGHEST NUMBER PREVIOUSLY PAID FOR</b>	<b>PRESENT EXTRA</b>
	Total	<i>20</i>	Minus	<i>20</i>
Independent	<i>3</i>	Minus	<i>3</i>	=
<b>FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM</b>				

**ADDI-  
TIONAL  
FEE**

<b>RATE</b>	<b>ADDI- TIONAL FEE</b>	<b>RATE</b>	<b>ADDI- TIONAL FEE</b>
<b>X\$ 9=</b>		<b>OR X\$18=</b>	
<b>X40=</b>		<b>OR X80=</b>	
<b>+135=</b>		<b>OR +270=</b>	
<b>TOTAL ADDT. FEE</b>		<b>TOTAL ADDT. FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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